

POSTAWARD QUARTERLY EVALUATION CERTIFICATION

STATE: **Minnesota**

FUNCTION: **Soil Conservation Technical Services**

LOGICAL BUSINESS UNIT (LBU): _____

FISCAL YEAR/QUARTER: **2004/1st**

WORK PERFORMANCE: **In-House**

OVERALL EVALUATION OF WORK PERFORMANCE: _____

(e.g. Acceptable, Results Achieved, Not Acceptable, Results Not Achieved. Attach narrative, if needed)

HAS A PROGRESS REVIEW OF PERFORMANCE WORK PLANS OF AFFECTED EMPLOYEES BEEN CONDUCTED FOR THIS PERFORMANCE PERIOD? **Yes or No**

ARE THERE MODIFICATIONS TO THE WORK PERFORMANCE REQUIREMENTS DURING THIS PERFORMANCE PERIOD? **Yes or No**

(If Yes, attach documentation)

Soil Conservation Technical Services

Performance Evaluation - FY 2004 / 1st QTR (January 1, 2004, to March 31, 2004)

Field Office:

We, the undersigned, have reviewed this evaluation and concur with its findings.

_____	_____
District Conservationist	Date

_____	_____
Soil Conservation Technical Services Provider	Date

_____	_____
Soil Conservation Technical Services Provider	Date

_____	_____
Soil Conservation Technical Services Provider	Date

_____	_____
Responsible Official	Date